

1. NUMBER: HRF-00-076	2. PCN: PB20291	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 03/23/01	4. PAGE 1 of 1
5. TO: FD32/Barbara Cobb		6. THRU:		7. FROM: Sondra Fabian	
8. TITLE OF CHANGE: Additional PUFF files for Inc 3 and beyond					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 3 US PODF		
13. RECOMMENDED EFFECTIVITY(IES): Increment 3			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Additional files to support PUFF operations during increment 3 and 4. Crew specifically requested addition of cue card for hardware retrieval.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): US PODF					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Additional files MGUEHRFPUFFCC001, MGUEHRFPUFFC001. This addition will necessitate an additional validation record report, included, and will affect the files list. The cue card is sized and marked in specific areas for placement of the Velcro adhesive in order to perfectly fit the hardware item where the crew specifically stated they wanted to place the cue card.					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Sondra Fabian /s/		DATE: 03/23/01	TELEPHONE NUMBER: 2813352926	OFFICE SYMBOL: LM	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE